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CENTRAL FAX CENTER  
DEC 08 2008**FAX TRANSMISSION****DATE:** December 8, 2008**PTO IDENTIFIER:** Application Number 10/809,015 - Conf. #: 7839  
Patent Number**Inventor:** Tommy Constantine**MESSAGE TO:** U.S. Patent & Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** Sonnenschein Nath & Rosenthal LLP

Gary B. Solomon

**PHONE:** (214) 257-0941**Attorney Dkt. #:** 11000128-0006**PAGES (Including Cover Sheet):** 14**CONTENTS:**  
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PTO/SB/21 (04-07)

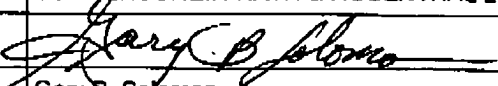
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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|  |                        |  |
|--|------------------------|--|
| <b>TRANSMITTAL<br/>FORM</b><br><br><small>(to be used for all correspondence after initial filing)</small> | Application Number     | 10/809,015   |
|  | Filing Date            | March 25, 2004                                       |
|  | First Named Inventor   | Tommy Constantine                                    |
|  | Art Unit               | 2876   |
|  | Examiner Name          | Not Yet Assigned                                     |
| Total Number of Pages in This Submission   | Attorney Docket Number | 11000128-0006<br><small>(Formerly: 4089-A3C)</small> |

| ENCLOSURES (Check all that apply)   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition Under 37 C.F.R. §1.48(d)<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Statement Under 37 CFR 3.73(b)<br>Credit Card Payment Form<br>Certificate of Transmission |
| Remarks   |  |  |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |   |          |        |
|--|---|----------|--------|
| Firm Name                                  | SONNENSCHN NATH & ROSENTHAL LLP   |          |        |
| Signature                                  |  |          |        |
| Printed name                               | Gary B. Solomon   |          |        |
| Date                                       | December 8, 2008  | Reg. No. | 44,347 |

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PTO/SB/97 (09-04)

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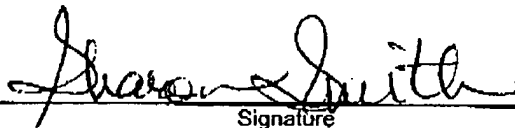
Application No. (if known): 10/809,015

Attorney Docket No.: 11000128-0006

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on December 8, 2008  
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|   |  |                          |   |
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| Effective on 12/08/2004.<br>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).<br><b>FEE TRANSMITTAL</b><br><b>For FY 2007</b> |  | <b>Complete if Known</b> |   |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27   |  | Application Number       | 10/809,015                                    |
|   |  | Filing Date              | March 25, 2004                                |
|   |  | First Named Inventor     | Tommy Constantine                             |
|   |  | Examiner Name            | Daniel St Cyr                                 |
|   |  | Art Unit                 | 207G  |
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$)    225.00   |  | Attorney Docket No.      | 11000128-0006<br>(Prior Docket No.: 4089-A3C) |

|   |   |
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| <b>METHOD OF PAYMENT</b> (check all that apply)   |   |
| <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ |   |
| <input type="checkbox"/> Deposit Account    Deposit Account Number: _____    Deposit Account Name: _____  |   |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  |   |
| <input type="checkbox"/> Charge fee(s) indicated below<br><input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17                          | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee<br><input type="checkbox"/> Credit any overpayments |

| <b>FEE CALCULATION</b>  |             |                       |   |                       |                                  |                       |                      |
|---|-------------|-----------------------|---|-----------------------|----------------------------------|-----------------------|----------------------|
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |             |                       |   |                       |                                  |                       |                      |
| Application Type  | FILING FEES |                       | SEARCH FEES   |                       | EXAMINATION FEES                 |                       | Fees Paid (\$)       |
|   | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)  | Small Entity Fee (\$) | Fee (\$)                         | Small Entity Fee (\$) |                      |
| Utility   | 310         | 155                   | 510   | 255                   | 210                              | 105                   |                      |
| Design  | 200         | 100                   | 100   | 50                    | 130                              | 65                    |                      |
| Plant   | 200         | 100                   | 300   | 150                   | 160                              | 80                    |                      |
| Reissue   | 300         | 150                   | 500   | 250                   | 600                              | 300                   |                      |
| Provisional   | 200         | 100                   | 0   | 0                     | 0                                | 0                     |                      |
| <b>2. EXCESS CLAIM FEES</b>   |             |                       |   |                       |                                  |                       |                      |
| <b>Fee Description</b>  |             |                       |   |                       |                                  |                       | Small Entity         |
|   |             |                       |   |                       |                                  |                       | Fee (\$)             |
| Each claim over 20 (including Reissues)   |             |                       |   |                       |                                  |                       | 50                   |
| Each independent claim over 3 (including Reissues)  |             |                       |   |                       |                                  |                       | 200                  |
| Multiple dependent claims   |             |                       |   |                       |                                  |                       | 360                  |
|   |             |                       |   |                       |                                  |                       | 180                  |
| <b>Total Claims</b>   |             | <b>Extra Claims</b>   | <b>Fee (\$)</b>   | <b>Fee Paid (\$)</b>  | <b>Multiple Dependent Claims</b> |                       |                      |
| - 20 =  |             | x                     | =   |                       | <b>Fee (\$)</b>                  |                       | <b>Fee Paid (\$)</b> |
| HP = highest number of total claims paid for, if greater than 20.   |             |                       |   |                       |                                  |                       |                      |
| <b>Indep. Claims</b>  |             | <b>Extra Claims</b>   | <b>Fee (\$)</b>   | <b>Fee Paid (\$)</b>  |                                  |                       |                      |
| - 3 =   |             | x                     | =   |                       |                                  |                       |                      |
| HP = highest number of independent claims paid for, if greater than 3.  |             |                       |   |                       |                                  |                       |                      |
| <b>3. APPLICATION SIZE FEE</b>  |             |                       |   |                       |                                  |                       |                      |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a). |             |                       |   |                       |                                  |                       |                      |
| <b>Total Sheets</b>   |             | <b>Extra Sheets</b>   | <b>Number of each additional 50 or fraction thereof</b> |                       | <b>Fee (\$)</b>                  | <b>Fee Paid (\$)</b>  |                      |
| - 100 -   |             | /50 =                 | (round up to a whole number) x                          |                       | =                                |                       |                      |
| <b>4. OTHER FEE(S)</b>  |             |                       |   |                       |                                  |                       |                      |
| Non-English Specification, \$130 fee (no small entity discount)   |             |                       |   |                       |                                  |                       |                      |
| Other (e.g., late filing surcharge): <u>2<sup>nd</sup> Month Extension of Time Request</u>  |             |                       |   |                       |                                  |                       | 225.00               |

|                     |   |                                      |                  |
|---------------------|---|--------------------------------------|------------------|
| <b>SUBMITTED BY</b> |   |                                      |                  |
| Signature           |  | Registration No.<br>(Attorney/Agent) | 44,347           |
| Name (Print/Type)   | Gary B. Solomon   | Telephone                            | (214) 259-0941   |
|                     |   | Date                                 | December 8, 2008 |